

Care home visits – FAQ

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Q. Have care homes been paid to receive patients from hospital?

A. Yes, although this wouldn't be unusual in itself. Through Continuing Health Care, care homes receive funding when a resident joins them from hospital. Alzheimer's Society has not seen examples of care homes being given cash incentives to accept patients from hospital.

Q. Are care homes concerned they could be sued if someone catches Covid-19?

A. Some of the smaller care providers, who own one or several homes, have expressed concerns that they could face litigation, should they allow people to enter the care home and someone in them catches Covid-19.

Q. Who should have access to care homes and how?

A. Alzheimer's Society believes that one or two family members or friends of a care home resident should be designated as key workers. This would give them access to PPE, regular testing and infection control advice. Implementing this would allow safe visits to go ahead.

Q. Does the stopping of visits impact on a person with dementia's health?

A. Yes, this has been seen to be the case. In a survey of care home managers, conducted by Alzheimer's Society, 79% of care home managers surveyed reported a worsening of resident's health and wellbeing through lack of social contact.

We also know that resident's loved ones provide an important element of care and are often more attuned to needs of the resident.

Q. What alternatives are there to in-person visiting?

A. We know that many care homes have stopped visits all together, and others have put in place alternative arrangements. These include:

Virtual visits – Many care homes have been offering Zoom calls or video chats with their loved ones. Whilst this may work for some, we have seen that people with dementia have become more distressed or confused at these. We also know that many older people live with sight or hearing problems, meaning this is inappropriate.

Window/outdoor visits – Some care homes have offered visits to take place outside or through a window. This, again, can cause confusion or distress for people with dementia and does not allow for the loved one to provide them with important care. As we enter the winter, these types of visits will become less appropriate.

As the above types of visits are not always appropriate, care homes should look for alternative ways for visits to happen to ensure that people's individual needs have been met. We have seen examples of this working well, for example a care home offering visits to place in a secure room within the care home which is cleaned in between visits.

Q. What if a care home feels they can safely allow visits but local officials have stopped them?

A. Alzheimer's Society believes that all local authorities should introduce an appeals process, as implemented by Hertfordshire County Council. This appeal process would allow individual care homes, that has been deemed unable to provide visits by the local Director of Public Health, but a feel they have assessed the risk as being manageable to lodge an appeal.

Q. How would this work for private care homes?

A. Directors of Public Health still hold an authority to ensure public health rules are followed in private care homes. Therefore private care homes, which make up the majority of care homes in England, would still be under the of the Director of Public Health and still able to lodge an appeal.

Q. Where can I signpost people with dementia to for support?

A. Alzheimer's Society runs a dedicated phone line to support people with dementia and their families. *Dementia Connect* is staffed by trained Dementia Support Workers who are able to provide to support to people affected by dementia.

If any of your constituents who have dementia, or have a loved one with dementia, and are need of support they can contact our **Dementia Connect** phone line on **0333 150 3456** or visit <https://www.alzheimers.org.uk/dementiacconnect>.

Welsh speakers can contact us on **03300 947 400**.

Q. What information is known about the government's planned pilot scheme to allow visitors to access care homes as 'key workers'?

A. The government has committed to implement a pilot scheme which will allow visitors to access care homes as 'key workers' – giving them access to testing, so that visits can happen safely. The Minister for Care had previously announced the Health Social Care Select Committee that this pilot would be launched in early November.

We expect the pilot scheme to take place in three local authority areas (probably in the South West). We understand the start of the pilot has now slipped to the middle of November.

Q. What conversations have you been having with the Scottish Government?

A. As Alzheimer's Society operates in England, Wales and Northern Ireland only, and so we have not had conversations with the Scottish Government on this issue. We are however, always looking to examples in Scotland for opportunities to share best practice. We know that recently-published Scottish guidance encourages providers to be "generous" with regard to visits.

Q. Do those in domiciliary care receive less access to testing?

A. This is not something we have seen examples of; however we do know that the infection rate has been lower amongst recipients and carers in domiciliary care. We would welcome you sharing any examples of this you receive.

Q. Do Care Home Managers decide who can visit and for how long?

A. Directors of Public Health in each local area carry out risk assessments as to whether care homes should be allowed to admit visitors into the home. Alzheimer's Society believes care homes should have the option to appeal this decision if they feel that they have appropriately assessed the risk. We have found that larger care home providers have generally been more inclined to allow visits because they can manage risk. Some smaller providers are certainly enabling and promoting visits, but smaller providers generally also seem to have greater concerns about litigation. We know some insurers have been telling care homes that they would not be covered if they admitted visitors.

Q. Do some families feel reluctant to place family members in care homes?

A. Yes, we know some do feel reluctant to do this and would prefer to try to continue caring for their family member themselves. Whilst this is appropriate for some it may not be appropriate for all. We know that informal carers of people with dementia are more likely to have clinically significant depression compared to the general population and that an inability to cope is a key early indicator that caring arrangements might break down. Promoting and encouraging take up of respite care is vital; though we're concerned that since the pandemic began, many carers have been really struggling without any respite care or other external support.

We were also asked questions on the following.

Q. How are the NHS Well Pathways progressing?

A. We know that the pandemic has understandably caused some obstruction to this work. In October Alzheimer's Society produced a report, '[From diagnosis to end of life](#)', which makes a series recommendations on the Dementia Pathway for both local and national bodies.

Q. Is the UK the best country in the world for dementia care and research?

A. We would agree that the UK is one of the best countries in the world for dementia, however other countries are generally quite poor. The pandemic has caused a loss of funding to dementia research charities, meaning early-career researchers will be less likely to choose dementia as their field of research. We welcomed the Conservative Party's commitment to double dementia funding for the next 10 years through the 'Dementia Moonshot' and are eager to see this implemented through the forthcoming Comprehensive Spending Review.